STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-476	A. BUILDING: _____ B. WING _____	05/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS UCP-ZEBULON GROUP HOME	120 EAST LEE STREET ZEBULON, NC 27597

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on May 7, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for one of five clients (#5). The findings are: Review on 5/4/18 of client #5's record revealed: - admitted to the facility on 5/1/93 - diagnoses of Mild Intellectual Disability Disorder; Acute Lymphocyctic; Epilepsy and Spastic paralysis - FL2 dated 8/7/17: Carbamazepine 200mg at morning and lunch 400mg dinner (can treat seizures...) and Piroxicam 5mg everyday (can treat pain) Review on 5/4/18 of the March, April and May 2018 MAR for client #5 revealed: - Carbamazepine 200mg was administered three times a day - Piroxicam 10mg was administered daily Observation on 5/4/18 at 1:42pm of client #5's medications revealed: - the Carbamazepine medication label revealed 200mg three times a day - the Piroxicam medication label revealed 10mg everyday During interview on 5/7/18 the Qualified Professional reported: - client #5 has been on the same medications for the last 3 years he (QP) been there - he contacted the pharmacy for changes in physician orders and they faxed over the 8/7/17	V 118		

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V 118	Continued From page 2 FL2 - client #5's mother attend most physician appointments with him - he will follow up with client #5's mother to see if there was any changes in his medications - he would notify the surveyor by the close of day on 5/7/18 *surveyor did not receive any additional information in regards to the Carbamazepine and Piroxicam.	V 118		